

# EXTERNAL UNIT SUPPORT REQUEST

For use of this form, see Fort Knox Reg 350-1, Command Training Management, 18 Oct 00

<b>DATE RECEIVED:</b>		<b>MUSARC/STATE:</b>		<b>TOTAL OFF:</b>	<b>TOTAL ENL:</b>
<b>TO:</b> IMSE-KNX-PLO-E DPTMS EUSS BLDG 1477 199 6TH AVE STE 333 FORT KNOX KY 40121-5720	<b>FROM:</b>	<b>UNIT CDR:</b>		<b>ARRIVE DATES</b> ADVANCED:	<b>DEPART DATES</b> MAIN BODY:
		<b>UNIT POC/PHONE #:</b>			
		<b>EMAIL ADDRESS:</b>			
	<b>UIC:</b>	<b>BUDGET POC/PHONE/FAX OR EMAIL:</b>			

1. **RANGE REQUIREMENTS:** Use Block 32 of this form to request target supplies support for M1/M1A1, M2/M3, and M2 machinegun range firing.

RANGE	WEAPON	AMMO	FROM DATE	START TIME	TO DATE	END TIME	# OF FIRERS	LIST BELOW THE NOMENCLATURE OF VEHICLES ON RANGES, IN TRAINING AREAS AND FIRING

2. **TRAINING AREA REQUIREMENTS:** List all pyro by its nomenclature; use Block 32 if you need more space.

TRAINING AREA	WEAPON	BLANK/PYRO	FROM DATE	START TIME	TO DATE	END TIME	# OF PERS

3. **FIRING POINTS REQUIREMENTS:**

FIRING POINT	WEAPON	AMMO	FROM DATE	START TIME	TO DATE	END TIME	# OF PERS

4. **BIVOUAC SITE REQUIREMENTS:** No track or wheel vehicles over 2 1/2 tons. No tactical training or use of pyro. Strictly admin only.

BIVOUAC SITE	FROM DATE	START TIME	TO DATE	END TIME	# OF PERS	AMMO, WEAPONS AND PYRO MAY BE STORED INSIDE OF BIVOUAC SITE; PLEASE INDICATE IF SO, USE BLOCK 32 OF THIS FORM TO LIST ITEMS.
5. <b>RANGE SAFETY CERTIFICATION CLASS:</b> Briefings held at 0900, Mon and Fri, weekly. Submit roster with Name, Rank, & SSN	DATE		# OF PERS	DATE		# OF PERS



<b>12. BARRACKS REQUIREMENTS:</b>		# OF MALE SOLDIERS:		# OF FEMALE SOLDIERS:		TOTAL:	
<b>13. BUILDING REQUIREMENTS:</b>		HOW MANY	REQUIRED DATE/TIME	TURN-IN DATE/TIME	ADDITIONAL EQUIPMENT REQUIRED		
ORDERLY ROOM							
ARMS ROOM							
SUPPLY ROOM							
DINING FACILITY					Satellite Dining Support, use Block 9.		
CLASSROOM: (CAPACITY _____ )					Classrooms in Skidgel, Boudinot, and Gaffey Halls; use Block 32 to request these resources.		
MAINT BLDG.							
MOTOR POOL: (# OF TRACKS _____ )  (# OF WHEELS _____ )					INDICATE WHICH ONE: <input type="checkbox"/> TRIANGLE MOTOR POOL <input type="checkbox"/> FARMER MOTOR POOL		
<b>14. NBC CHAMBER:</b> Unit must provide their own qualified instructor and CS tablets.							
FROM DATE	FROM TIME	TO DATE	TO TIME	# OF PERS	TYPE OF TRAINING THAT WILL BE CONDUCTED		
<b>15. MOBILE TRAINING TEAM (MTT) ASSISTANCE:</b> Use Block 32 for funding information.							
TRAINING REQUIRED	TRAINING LOCATION	START DATE/TIME	COMPLETION DATE/TIME	MOS	# OF INSTR REQUIRED	# PERS TO BE TRAINED	REMARKS:
<b>16. TSFO TRAINER:</b> 2 trainers available, 1 at Skidgel (automatic) and 1 at Holder (manual). You must indicate the type of training required: (example) PE PRACTICE, WORM FORMULA, and BASIC CALL FOR FIRE. Minimum of 15 persons to be trained at one time.							
WHICH TRAINER	START DATE/TIME	END DATE/TIME	# OF PERS	MOS OF PERS	TSFO OPERATING HOURS ARE 0800-1600 DAILY. USE THIS BLOCK TO INDICATE THE TYPE OF TRAINING REQUIRED.		

**17. SIMULATION REQUIREMENTS:** (Indicate start and end time per each date, please no black times)

TYPE OF SIMULATOR	# REQUIRED	FROM DATE/TIME	TO DATE/TIME	# OF PERS	# OF I/O'S	OC TM Yes or No	OPERATING HOURS OF SIMULATORS:
							<b>CCTT</b> Mon-Fri 0800-1600 Weekends: Fri 1800-2200 Sat 0600-2400 Sun 0800-1200
							<b>MWSTC</b> Mon-Fri 0800-1600 Weekends: Fri 1800-2300 Sat 0700-2400 Sun 0800-1600
							<b>M1/M1A1/PGT COFT</b> Mon-Sun 0800-2100
							<b>M3 COFT</b> Mon-Fri 0800-2100 Sat 8 hrs per day Sun 8 hrs per day <i>NOTE: No I/O support for M3 COFT.</i>
							<b>TDS</b> Sat 0800-1600 Sun 0800-1600
							<b>BBS and JANUS</b> Daily 0800-1600

**18. HET VEHICLE SUPPORT:** Transport track vehicle TO and FROM ranges and training areas. Submit HET Request Form.

YES ☐ NO ☐

**19. FUEL:** DD Form 448 must be received by DRM before training. Estimate # of Gals.

**DIESEL:**

**JP 8:**

**20. MILES EQUIPMENT REQUESTED:** Submit FK FORM 5047-R-E

YES ☐ NO ☐

**21. LAUNDRY - FORT KNOX BED LINENS:**

YES ☐ NO ☐

**22. CUSTOMER-OWNED EQUIPMENT DS/GS MAINTENANCE:**

YES ☐ NO ☐

**23. BARRACKS CLEANING SUPPLIES REQUIRED:**

YES ☐ NO ☐

**24. GENERAL OFFICE SUPPLIES REQUIRED:**

YES ☐ NO ☐

**25. TRAINING AIDES - SPECIAL REQUIREMENTS:**

YES ☐ NO ☐

**26. ICE:** YES ☐ NO ☐ Unit must register DODAAC with TISA, submit Signature Cards and DA Form 3161.

**27. OFFICE EQUIPMENT REQUIREMENTS:**

EQUIPMENT REQUIRED	QTY	FROM/TO DATE	MEMORANDUM TO EUSS NLT 30 DAYS PRIOR TO TRAINING DATE. CONTACT DPTMS EUSS AT (502) 624-5953 OR DSN 464-5953

**28. MEDICAL SUPPLIES:**

YES ☐ NO ☐

Contact MEDDAC Supply at  
(502)624-9376 or DSN 464-9376

**29. AUDIO VISUAL EQUIPMENT:**

YES ☐ NO ☐

Contact EUSS at (502)624-5953 or  
DSN 464-5953

30. COMMUNICATIONS SERVICES - LONG DISTANCE:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Contact EUSS at (502)624-5953 or DSN 464-5953										
ADDITIONAL PHONE LINES REQUIRED:		YES <input type="checkbox"/>	NO <input type="checkbox"/>											
31. POSTAL SERVICES:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Contact DOIM Postal at (502)624-1349 or DSN 464-1349											
32. OTHER: Use this block to provide additional information on any of the subjects listed on this form.														
33. USAR	<input type="checkbox"/>	ARNG	<input type="checkbox"/>	ACTIVE COMPONENT	<input type="checkbox"/>	USNR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STATUS:	AT	<input type="checkbox"/>	IDT	<input type="checkbox"/>